

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32311

P98000074443

SUBJECT: F1 SOFTWARE SOLUTIONS INC.
(Proposed corporate name - must include suffix)

000002623520--0
-08/24/98--01127--001
****122.50 ****122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: LISA WOHLFORD
Name (Printed or typed)

4305 W. WATROUS AVE.
Address

TAMPA, FL 33629
City, State & Zip

813 286 9649
Daytime Telephone number

98 AUG 24 AM 7:24
FILED
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FL SOFTWARE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4305 W. WATROUS AVE.

TAMPA, FL 33629

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LISA A. WOHLFORD

4305 W. WATROUS AVE

TAMPA, FL 33629

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LISA A. WOHLFORD

4305 W. WATROUS AVE

TAMPA, FL 33629



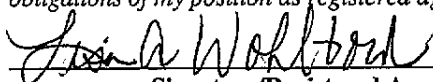
Signature/Incorporator

AUGUST 21, 1998

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent



Signature/Registered Agent

AUGUST 21, 1998

Date

FILED
98 AUG 21 AM 7:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA